

**GREAT FALLS PUBLIC SCHOOLS
ACTIVITIES PARTICIPATION AGREEMENT**

2151F

School Year _____

A. STUDENT INFORMATION (Please print)

Name _____
Last First MI

B. PARTICIPATION WARNING

I/We give our permission for our student to participate in organized interscholastic or extracurricular activities, realizing that such activity involves the potential for injury which is inherent in all activities. I/We acknowledge that even with competent coaching, the use of appropriate protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. Because of the dangers of participating in any activity, I/we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and I/We agree to obey such instruction. I/We also understand that it may be necessary for students to provide their own transportation to some competition events and/or practices. In these situations, the parent and the student are responsible for safe travel in accordance with District policies.

C. WAIVER OF LIABILITY

I/We release and waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representatives thereof, as well as activity supervisors and coaches, from and against any claim which the above named student, I/we, and other parent or guardian, and siblings, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with the participation of the above named student. The above waivers are extended to the fullest limits permitted by law.

D. EQUIPMENT RESPONSIBILITY

I/We agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school to the above-named student.

E. CHEMICAL USE POLICY

I/We understand that the Great Falls Public Schools has a Chemical Use Policy which prohibits the use of covered chemicals from the first day of class/activities to the last day of class/activities as assigned by the Board of Trustees. I/We have read the policy in the Student handbook and understand its expectations and requirements.

F. PHYSICAL EXAM/EMERGENCY MEDICAL SERVICE

I/We understand that a physical examination is required for each student in order to be considered eligible to participate in a Great Falls Public Schools' activity. This examination is valid for a period of one (1) school year after May 1st for the upcoming school year and must be completed prior to the first practice. If student requires asthma medication (inhalers), the parent must have the district form for self-administering prescribed asthma medication on file at their school. If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be reached, I/we hereby consent for our student to be given medical care (including calling for ambulance services at the parent's cost) by the doctor or hospital selected by the school.

G. INSURANCE

I/We understand that Great Falls Public Schools does NOT provide medical insurance benefits for students who choose to participate in activities programs. (Choose one (1) of the below options)

I have personal medical insurance to cover the student's participation.
INSURANCE (Company Name) _____ Policy # _____

I do not have personal medical insurance to cover the student's participation and understand that the School District does not provide medical insurance to cover the students. I understand I will be responsible for any medical costs associated with the student's participation.

I/WE HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION IN ITEMS A THROUGH G.

I/We understand that all activities can involve many risks of injury including, but not limited to, those risks outlined. I/We assume all risks of playing or practicing to play/participate for the above-named student.

SIGN (X) _____ **DATE** _____
Parent/Guardian Signature

SIGN (X) _____ **DATE** _____
Student Signature

Please read, sign, and return this form to your head coach or activity supervisor before participation.
Retain pink copy for your records.